



For up to date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1 800 609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

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If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

SECTION 1 - RHEUMATOLOGIST INFORMATION

Form for Section 1: Prescriber's Name and Mailing Address, Mail Confirmation, College ID or MSP Number, Phone Number, Prescriber's Fax Number, and Critical for a Timely Response.

SECTION 2 - PATIENT INFORMATION

Form for Section 2: Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), and Critical for Processing.

SECTION 3 - MEDICATION REQUESTED

Form for Section 3: Requested Dose and Interval, Patient's Body Weight (KG), and medication options: Adalimumab, Certolizumab, Etanercept, Golimumab, Infliximab, and Secukinumab.

SECTION 4 - CURRENT CLINICAL INFORMATION

Form for Section 4: ESR or CRP, Morning Stiffness (minutes), Physician Global Assessment of Inflammation, and a blank box for additional information.

PHARMACARE USE ONLY

Please complete additional information on page 2 >>

Form for Pharmacare Use Only: Status, Effective Date, and Duration of Therapy / Termination Date.

